



Please type a plus sign (+) inside this box →



PTO/SB/121 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM	Address to: Assistant Commissioner for Patents Box CN Washington, DC 20231
---	--

Please recognize the following address as the correspondence address:

☒ Customer Number 20583 →

Place Customer Number
Bar Code Label here

OR

Type Customer Number here

☐ Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s) :			
Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/669,823		Sept. 23, 2003

Typed or Printed Name	Samuel B. Abrams	(check one) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or Agent of record 30,605 (Reg. No.)
Signature	<i>Samuel B. Abrams</i>	
Date	February 2, 2004	
Address of signer: Jones Day, 222 East 41st Street New York, NY 10017-6702		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.